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Watermain Disinfection Plan - Swabbing Plan/Sketch

Project Name & ID:	Phase #:	City Block #:
Swabbing Required: No, Specify:		
 Yes, Identify the following Watermain Sizes Swabs sizes Number of swabs bein Water Meter(M) Identify the Path of Swabbing, Open/Clost Dead Ends/Stubs (E1, E2,E3, etc.) Valve Chambers (VC1, VC Valve Boxes (VB1, VB2, VB3, etc.) Hydrants (HYD1, HYD2, HYD 	se Valves (Path-1, Path-2, Pa 2, VC3, etc.)	eth-3, etc.)
<u>SKETCH</u>		
Name of the Contractor/Company:		Date:
Representative Name:	Signature:	